

# Using Data to Improve the Quality and Effectiveness of Services for Priority Consumers:

## Ideas for CFACs at the State and Local Levels

North Carolina  
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## Hallmarks of Mental Health Reform in North Carolina

- Advancement of best practice
- Standardization of best practice across the state
- Involvement of people with disabilities and their families in governance
- Improvement of the quality of life of people with disabilities
- Development of a more effective and efficient service system



# RIGHT-TO-KNOW CAMPAIGN

***A RIGHT TO QUALITY HUMAN SERVICES =  
A RIGHT TO KNOW***

People with disabilities and their families have the right to make informed decisions on behalf of ourselves and our loved ones. We have the **right to know** if a public or private sector provider has a history of high turnover. We have the right to know a provider's record on abuse and neglect, staff turnover, medication errors, restraint usage, and staffing ratios. We have a right to know we will be safe in our own homes.

QUALITY CARE REPORT CARD	
Category	Grade
Staff retention	?
Abuse/neglect	?
Facilities	?
Finances	?
Medication errors	?
Staff ratios	?

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## Pressure for Accountability to the Public

- Need to show outcomes for money invested
- Legislators need data to judge impact of policy and system change
- State and federal policy makers setting out specific benchmarks to judge accomplishments
- Impossible to judge performance unless you understand impact on individuals and families

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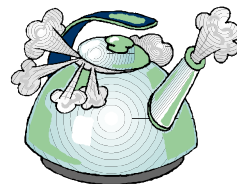
## CFAC Roles and Functions

- Represent voices of consumers and families
  - Is the system user-friendly?
  - Are people getting the services they need?
  - What would consumers and families like to see improved?
- Participate in service planning and service assessment – provide advice and input
- Ask good questions and help the managers really understand what is happening to people
- Be informed - provide accurate information to constituents

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## Why Use Data?

- Desire for more transparency is increasing
- As people have more choices, they need more information
- Quality and effectiveness are more objectively defined
- People with disabilities have a more powerful and articulate voice



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## Examples of Indicators

Domain	Indicator	Data Source
Physical and Emotional Well-Being	People feel safe People receive necessary health exams	Consumer survey Client record
Community	People participate in community activities	Consumer survey
Employment and Business	People are in jobs they enjoy People receive minimum wage	Consumer survey Client record
Personal Development	People learn new skills ISPs reflect changing circumstance	Consumer survey Client record
Organizational Management and Leadership	Incidents are trended Policies are in place to ensure DSP competence	System data Policy review

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## CFACs have access to lots of data and reports

- Community Systems Progress Indicators
- Quarterly LME Performance Monitoring reports
- Quarterly Crisis System Reports
- Service utilization information
- Financial information
- Local needs assessment and gaps analysis

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**But, it is important to ask questions about data: What is the story the data is telling you?**

- Is the result positive or negative?
- Has there been a change?
- Is it moving in the right direction?
- How does your data compare to other LMEs, the state, and perhaps other jurisdictions throughout the United States?

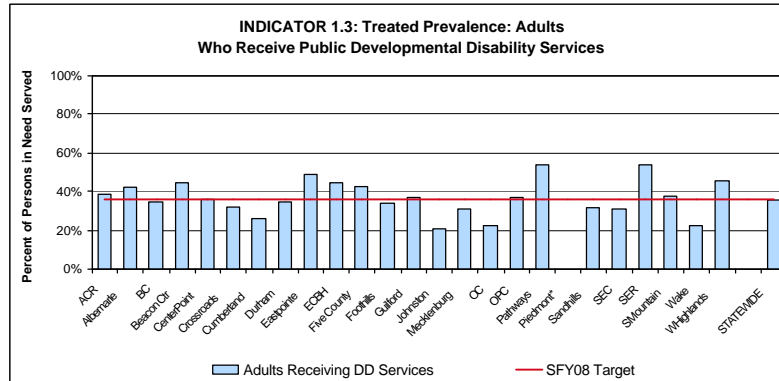
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## **North Carolina Domains of Performance**

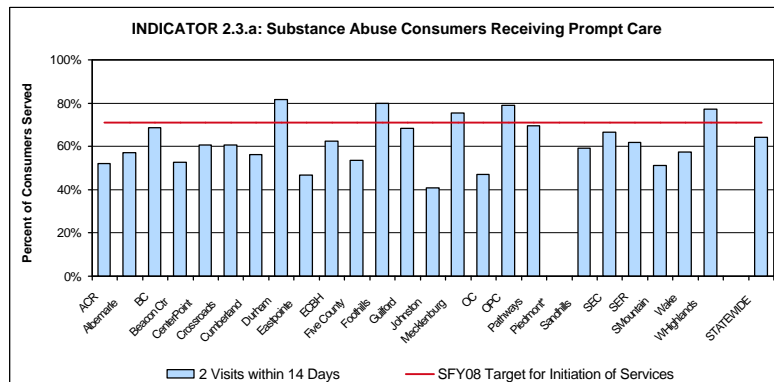
- Access
- Consumer focused outcomes
- Individualized planning and supports
- Promotion of best practice
- Quality management system
- Rights and respect
- Stakeholder involvement and governance
- System efficiency and effectiveness
- Prevention and early intervention

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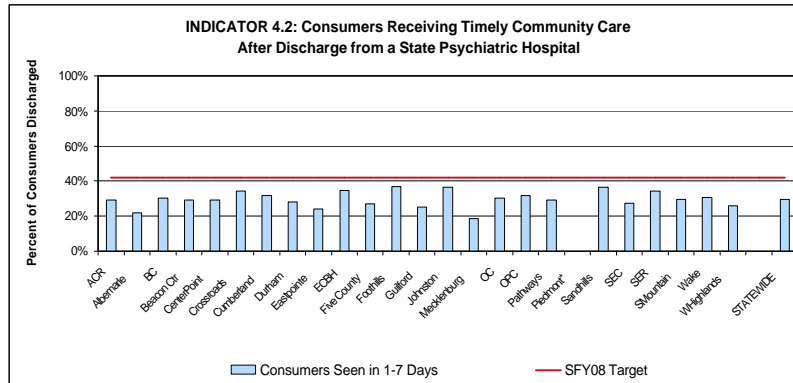
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## Example: Access and Best Practice



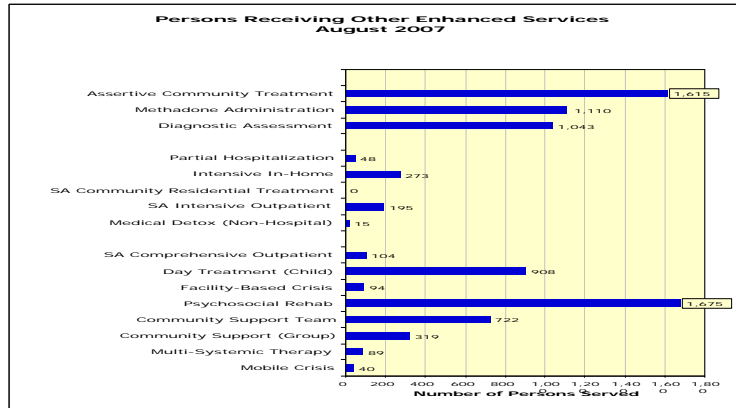
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## What do these Charts tell you?

- Good analysis:
  - Comparison to state benchmark
  - Comparison to state average
  - Identifies specific areas for improvement
- But: The data doesn't tell you **why** there are differences
- And, there is no analysis of **change over time** – is performance getting better or worse?
- Thus, you will need more information before you can reach conclusions about this information

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## Example: Promotion of Best Practice – Enhanced Services



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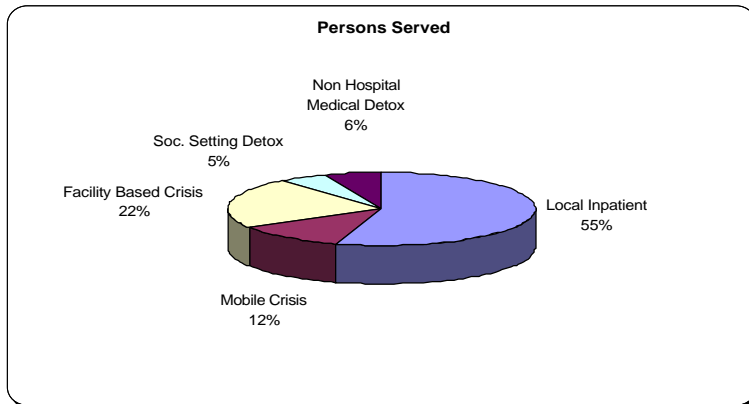
## What does this slide tell you?

- Some indication of how sparse enhanced services are – clear identification of gaps in service capacity
- But, the data is not compared to anything: no trends or changes over time; no benchmarks or goals; no indicator of whether the numbers are good or bad
- Thus, you will need more data over time before you can tell a story about this

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## Example: Crisis Services



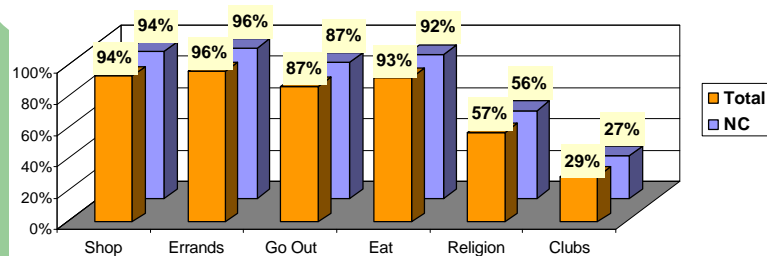
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## What does this chart tell you?

- Good analysis of crisis system resources
- Can be compared to other LMEs and state averages
- But, doesn't provide policy context – is this array of services ideal? Does it meet state and local policy goals?
- And, it does not show change over time – is the array of crisis services getting closer to the policy goal?

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## Example: Consumer Outcomes: Community Inclusion



- Do you go shopping (Shop)?
- Do you go on errands or appointments (Errands)?
- Do you go out for entertainment (Go out)?
- Do you always eat at home, or sometimes go out to eat (Eat)?
- Do you go to religious services (Religion)?
- Do you go to clubs or other community meetings (Clubs)?

## What does this chart tell you?

- Good use of standardized indicators of desired consumer outcomes
- Good comparison to national averages
- The data will allow for analysis of changes over time
- But, there is no standard or benchmark against which to measure success or failure: Just because North Carolina scores better than average on most measures, is this good enough?

## Strategies for CFACs

- Identify two or three members to become “data experts” to report back to the CFAC on a regular basis
- Select two or three key issues for the CFAC to concentrate on and provide consumer/family focused analysis and input
- Work with the LME’s Quality Management committee to link CFAC priorities to quality improvement strategies

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## Conclusion

- The State of North Carolina is currently collecting data that can be used to measure progress toward reform --NCI, NC-TOPPS, Medicaid and IPRS claims, CDW, etc.
- But the data is only useful if it is analyzed and interpreted
- You need to identify priorities, develop baselines, identify trends, and keep asking questions about what the data really means
- You need the data to identify issues for further study and quality management – not for punitive purposes.
- Most importantly, you need to use data constantly to make sure it is really valid and reliable

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